

Exhibit 4

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF F WASHINGTON
AT TACOMA

C.P., by and through his parents,)
Patricia Pritchard and Nolle)
Pritchard and PATRICIA PRITCHARD,)
 Plaintiffs,)

vs.) No. 3:20-cv-06145-RJB

BLUE CROSS BLUE SHIELD OF)
ILLINOIS,)
 Defendant.)

ZOOM VIDEO DEPOSITION UPON ORAL EXAMINATION
OF
MICHAEL LAIDLAW

9:00 a.m.
September 2, 2022

REPORTED BY: Pat Lessard, CCR #2104

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24 ALSO PRESENT:

25 MR. PATRICK NORTON, Videographer

1 MICHAEL LAIDLAW, being duly sworn, testified
2 upon oath, as follows:

3 E X A M I N A T I O N

4 BY MR. GONZALEZ-PAGAN:

5 Q. All right. I think we're good to proceed.

6 Good morning, Dr. Laidlaw, thank you for
7 joining us today. It's afternoon for me; I'm in New
8 York.

9 A. Okay.

10 Q. Are you in California today?

11 A. Correct.

12 Q. Okay. So as you might have heard, I
13 represent the plaintiffs in this matter and I will be
14 asking you some questions about your opinions in this
15 case.

16 A. Okay.

17 Q. First I just want to go over some ground
18 rules for the deposition which will make it easier for
19 everyone and most importantly for our court reporter.

20 You understand that you're under oath
21 today, is that correct?

22 A. Yes.

23 Q. We cannot speak at the same time because the
24 court reporter needs to be able to take down what each
25 of us says.

1 Q. And that's in Canada, is that correct?

2 A. Correct.

3 Q. Did you testify at deposition or trial in
4 this matter?

5 A. I did not testify. I only wrote a report.

6 Q. Did this matter have to do with gender
7 dysphoria or transgender issues?

8 A. Yes.

9 Q. What is the subject matter of this case?

10 A. It was a minor person having a mastectomy
11 surgery.

12 Q. What was the substance of your expert
13 opinion in that case?

14 A. The substance was similar, that the patient
15 could not consent, didn't have the judgment capacity
16 to consent for the surgery given her age.

17 And that was pretty much the substance of
18 it.

19 Q. You used the "given her age."

20 If it was a mastectomy this would have been
21 for a transgender male, is that right?

22 A. Yes, correct.

23 Q. Any reason why you used the female pronoun
24 for a transgender male?

25 A. I did not interview the patient so I don't

1 know the background as to the exact -- the patient was
2 clinically diagnosed through a psychiatrist or a
3 psychologist.

4 Q. But you did not interview the patient, is
5 that right?

6 A. I did not interview the patient.

7 Q. Do you know the outcome of the case?

8 A. I don't recall. I don't think it was --
9 let's see. I don't believe it went in favor of the
10 plaintiff.

11 Q. Who was the plaintiff in that matter?

12 A. I believe it was the mother of the person
13 seeking surgery.

14 Q. And the mother was objecting?

15 A. Yes. Well, the mother wanted it. I think
16 it was the mother wanted -- it's been a while, but I
17 think the mother wanted to obtain medical records
18 regarding the case -- I don't remember all of the
19 specifics -- and was being blocked because the minor
20 was -- there was a question whether they were
21 emancipated or whether the mother could look at the
22 records, that sort of thing.

23 Q. Let's turn to DH and DOE v Snyder. That's
24 the next one over.

25 That's pending in federal court in Arizona,

1 on existing publications and preexisting data.

2 I think that's the distinction that you were
3 drawing in your answer as well, is that correct?

4 A. Yes.

5 Q. So would you be comfortable with that
6 understanding, that shared understanding of -- do you
7 know what I mean by primary research?

8 A. Yes, I understand your meaning.

9 Q. Have you performed any primary research?

10 A. Yes.

11 Q. On what? On what matters?

12 A. There were two studies. One was a magnesium
13 study that had to -- we're looking for an association
14 of low magnesium leading to osteoporosis.

15 And the other study was regarding thyroid
16 cancer where we were looking at thyroid globulin tumor
17 markers and how they correlated with ultrasound
18 findings of the neck.

19 Q. And when did you perform this research?

20 A. This was during my -- it may have begun
21 during my -- I think it began during my residency and
22 then I continued into fellowship.

23 Q. Have you performed any primary research
24 regarding gender dysphoria?

25 A. No.

1 Q. Have you performed any primary research
2 relating to transgender people?

3 A. No.

4 Q. Have you performed any primary research
5 relating to gender identity?

6 A. No.

7 Q. Do you have any peer-reviewed publications?

8 A. Yes.

9 Q. Do you have a copy of your CV with you?

10 A. No.

11 Q. I will show you what's been marked as
12 Exhibit 2.

13 A. Okay.

14 Q. And this is a copy of your CV, right?

15 Well, it's not showing yet. This is a copy
16 of your CV, right?

17 A. Yes. It's the one we looked at earlier.

18 Q. And you have here a section titled
19 "Research, Publications, and Expert Witness Work," is
20 that right?

21 A. Yes.

22 Q. And we can scroll through it but just go
23 area by area.

24 Can you tell me which the -- within the
25 screen showing right now which of these publications

1 listed here are peer-reviewed?

2 MS. PAYTON: Object to the form of the
3 question. And the blue print on the question on the
4 screen here, I'm not sure that's easy to follow.

5 But go ahead and answer.

6 THE WITNESS: Understood.

7 Q. (By Mr. Gonzalez-Pagan) Dr. Laidlaw, you
8 have marked in your CV some of these as expert
9 witness --

10 A. Yes.

11 Q. -- brief of Amicus Curiae, Expert Witness,
12 et cetera, is that correct?

13 A. Yes.

14 Q. Okay. So there's a publication listed for
15 2021 --

16 A. Uh-huh.

17 Q. -- it's a Letter to the Editor --

18 A. Uh-huh.

19 Q. -- titled "Erythrocytosis in a Large Cohort
20 of Trans Men Using Testosterone: A Long-Term
21 Follow-Up Study on Prevalence, Determinants and
22 Exposure Years," is that right?

23 A. Yes.

24 Q. It's a Letter to the Editor pertaining to
25 that separate article, is that correct?

1 A. That's right.

2 Q. And is a Letter to the Editor a peer
3 reviewed publication?

4 A. I don't know. It has to be accepted before
5 they publish it, so I don't know what process they go
6 through. It may be or it may not be.

7 Q. There's another listing or a publication in
8 2020 titled "Correction Transgender Surgery Provides
9 No Mental Health Benefit," is that right?

10 A. Yes.

11 Q. And you're a coauthor of this piece, is that
12 right?

13 A. Yes.

14 Q. It was published in the Public Discourse, is
15 that correct?

16 A. That's correct.

17 Q. Is this a peer-reviewed publication?

18 A. Not to my knowledge.

19 Q. There's another publication just below it,
20 in 2020, titled Gender-Affirmation surgery conclusion
21 lacks evidence (letter)."

22 And you're a coauthor of this publication,
23 is that right?

24 A. That's right.

25 Q. This was another letter, is that correct?

1 A. Yes, it's a Letter to the Editor.

2 Q. Okay. Is this peer-reviewed?

3 A. I don't know. It has to be accepted for
4 publication, like I said, so I don't know what process
5 they go through.

6 Q. Below that there's another publication
7 titled "The Pediatric Endocrine Society's Statement on
8 Puberty Blockers isn't just Deceptive. It's
9 Dangerous."

10 And you're the sole author of this
11 publication, is that right?

12 A. Yes.

13 Q. And it was published in Public Discourse, is
14 that correct?

15 A. That's correct.

16 Q. And the next page, the next publication
17 listed is "The Right to Best Care for Children does
18 Not Include the Right to Medical Transition," is that
19 right?

20 A. Yes.

21 Q. And you're a coauthor of this piece?

22 A. Yes.

23 Q. And this is an opinion piece, is that
24 correct?

25 MS. PAYTON: Object to the form.

1 A. My understanding is it's a peer-reviewed
2 piece, but that's the one I would say has to be
3 peer-reviewed to be published but I don't know their
4 process.

5 Q. (By Mr. Gonzalez-Pagan) But is it an
6 opinion piece or is it a research piece?

7 MS. PAYTON: Object to the form.

8 A. I mean it's the Journal of Bioethics, so
9 it's not -- if you're asking is it based on primary
10 research? Because there's two different things. You
11 could have a peer-reviewed -- peer review doesn't
12 necessarily mean it's primary research, to my
13 understanding.

14 Q. No. Understood.

15 I'm asking the question is the Journal of
16 Bioethics a peer-reviewed publication?

17 A. That's my understanding, yes. I mean all
18 the medical journals that you have listed are peer
19 reviewed publications. The exact process they use, I
20 don't know.

21 Q. And this piece in 2019 for which you are a
22 coauthor in the American Journal of Bioethics is not a
23 piece of original research, is that correct?

24 A. When you say that, do you mean did we have
25 patients doing -- collecting data on individual

1 patients? Is that what you mean by that?

2 Q. Yes. Do you have an understanding of what
3 primary research meant? So I guess I would ask it
4 that way.

5 Is this article based on primary research
6 you conducted?

7 A. It's not based on primary research I
8 conducted.

9 Q. Thank you. There's another publication.
10 It's a Letter to the Editor, "Endocrine Treatment of
11 Gender-Dysphoric/Gender Incongruent Persons: An
12 Endocrine Society Clinical Practice Guideline," is
13 that correct?

14 A. Correct.

15 Q. And you're a coauthor of this piece?

16 A. Yes.

17 Q. And this is another Letter to the Editor,
18 correct?

19 A. Yes.

20 Q. Just below that there's a publication titled
21 "The Gender Identity Phantom," and you are the sole
22 author, is that right?

23 A. Correct.

24 Q. And it appears to be published in the
25 gdworkinggroup.org, is that right?

1 A. Yes, I think so.

2 Q. What's the gdworkinggroup.org?

3 A. They're a collection of different
4 psychologists, psychiatrists and other mental health
5 professionals, and there may have been other
6 physicians, but who were writing pieces with concerns
7 or criticisms about the care of people with gender
8 identity conditions.

9 Q. Is this a publication posting on a
10 discussion board?

11 A. Could you repeat that?

12 Q. Is this a publication posting within a
13 discussion board?

14 A. No. Are you asking me like can you just
15 post something as part of a discussion or are you
16 asking can people discuss the topic below your
17 article? Is that what you're asking?

18 Q. I'm asking if it's a discussion forum for
19 professionals where you are set up, made a post, or
20 whether it's an article.

21 A. Oh, it's an article against -- each author
22 can write -- you have to be a member to be an author
23 and you have to be an author to put something up
24 there.

25 So not just any general member of the public

1 could write something, if that clarifies it.

2 Q. Okay. Is this peer-reviewed?

3 A. No.

4 Q. The next publication is titled "Gender
5 Dysphoria and Children: An Endocrinologist's
6 evaluation of 'I am Jazz,'" and you're the sole
7 author, is that right?

8 A. That's correct.

9 Q. And it was published in Public Discourse, is
10 that correct?

11 A. Yes.

12 Q. Are there any other publications that you
13 have in relation to gender dysphoria or transgender
14 issues?

15 A. Not that I can think of. I did have this --
16 I think I put it somewhere with my subpoena response,
17 but there's gendersanity.org where I explained myself
18 and coauthors explained the most recent Letter to the
19 Editor.

20 Q. Sorry? What is that?

21 A. Gendersanity.org I believe is the name.

22 Q. And is that a self-published website?

23 A. Yes.

24 Q. We've established that three of your
25 publications are for Public Discourse, is that

1 correct?

2 MS. PAYTON: Object to the form.

3 A. Yeah. Three -- I think it was three, yeah,
4 three publications for Public Discourse.

5 Q. (By Mr. Gonzalez-Pagan) Who publishes,
6 Public Discourse?

7 A. I believe at the time I submitted my
8 articles that -- I don't know who the publisher is but
9 the editor was Ryan Anderson, I believe.

10 Q. Are you familiar with the Witherspoon
11 Institute?

12 A. Only that I saw their name associated with
13 Public Discourse.

14 Q. I'm going to show you what's been marked as
15 Exhibit 4.

16 A. Okay.

17 (Marked Deposition Exhibit No. 4.)

18 Q. (By Mr. Gonzalez-Pagan) Do you see the
19 document in front of you?

20 A. Yes.

21 Q. This is the Mission Statement for Public
22 Discourse, is that right?

23 A. It says "Our Mission," so I suppose it is.

24 Q. Okay. And just to clarify, this is a
25 printout on September 2nd, 2022, 8:30 a.m., off the

1 website www.the public discourse.com/our mission, is
2 that correct?

3 MS. PAYTON: Object to the form, foundation.

4 A. You are posting -- or I can see on the
5 screen a mission statement from Public Discourse as of
6 today. Today is the first time I've ever seen it.

7 Q. (By Mr. Gonzalez-Pagan) Yes. On the
8 screen?

9 A. Yeah.

10 Q. And do you understand Public Discourse to be
11 an online journal?

12 A. Yes.

13 Q. And are you aware that their mission is to
14 enhance public understanding of the moral foundations
15 of free society?

16 MS. PAYTON: Object to the form.

17 A. You know, I'm looking at it now and I can
18 say you just read what is on there. But I don't have
19 any affiliation with them in particular.

20 I think, but I don't recall exactly, that
21 anything I publish at the bottom, I think, says
22 something like "This does not necessarily represent
23 the views of the Public Discourse," so --

24 Q. Is there any reason why you chose to publish
25 in the Public Discourse?

1 THE VIDEOGRAPHER: We're going off the
2 record at 10:00 a.m.

3 (Recess.)

4 THE VIDEOGRAPHER: We're back on the record
5 at 10:07 a.m.

6 Q. (By Mr. Gonzalez-Pagan) We left off
7 discussing your publications. Do you recall that,
8 Dr. Laidlaw?

9 A. Yes, I do.

10 Q. Just to sum up, none of your publications
11 pertaining to gender dysphoria are based on original
12 primary research, is that correct?

13 A. That's correct.

14 Q. And with the exception of the piece in the
15 Journal of Bioethics none of your publications
16 pertaining to gender dysphoria are peer-reviewed?

17 A. Well, a number are published in peer-reduced
18 journals.

19 Q. Sorry. The Letters to the Editor, is that
20 right?

21 A. The Letters to the Editors are in
22 peer-reviewed journals, yes.

23 Q. We've established that you have a private
24 practice dedicated to endocrinology, is that correct?

25 A. That's correct.

1 Q. As part of your practice do you treat any
2 pediatric patients?

3 A. I have some patients who are under the age
4 of 18, so later teens or mid teens.

5 Q. What percentage of your practice are
6 patients under the age of 18?

7 A. Probably, like, less than five percent.

8 Q. Have you ever provided care to a transgender
9 patient?

10 A. Yes.

11 Q. Have you provided them with care relating to
12 their gender dysphoria?

13 A. Only once.

14 Q. What care did you provide that one patient?

15 A. The patient needed a refill of estrogen.

16 Q. Did you provide them with the refill?

17 A. Yes.

18 Q. About how many transgender patients have you
19 treated for other conditions besides this one patient
20 for gender dysphoria?

21 A. So I would say that in my practice I have
22 patients with, I would use a more general term and say
23 "gender incongruence," who I'm seeing for other
24 conditions.

25 For example, they may have a pituitary

1 A. Or there would be one who had -- well, I
2 would say two because the detransition person I am
3 treating as a consequence of gender dysphoria. So I
4 would say two.

5 Q. Okay. So there's the one person who has
6 detransitioned and then the one person who you
7 provided a refill for estrogen, is that correct?

8 A. Those are two patients who received hormones
9 related to a gender incongruence condition.

10 Q. How old was the patient that detransitioned?

11 A. In his 20s. He was diagnosed in his early
12 teens.

13 Q. Do you know how this patient came about
14 connecting with you?

15 A. He has had a very difficult time finding an
16 endocrinologist who will treat him. He had an
17 orchiectomy or testicles removed and vaginal plasty.

18 He had a difficult time finding a physician
19 who would prescribe testosterone so he had made a
20 search and somehow found me.

21 Q. Have you ever diagnosed any patient with
22 gender dysphoria?

23 A. Being that it's a psychological diagnosis, I
24 do not make psychological diagnoses, so no.

25 Q. Have you ever diagnosed a person with gender

1 identity disorder?

2 A. The same answer. A psychological, you know,
3 diagnosis that I do not make.

4 Q. Just to clarify, for the patient who
5 detransitioned, you're not providing care for
6 treatment of gender dysphoria, is that correct?

7 A. Well, I guess it depends how you define
8 treatment for gender dysphoria.

9 Q. Well, what do you understand gender
10 dysphoria to be?

11 A. Well, this would be a discomfort arising
12 from a person's, you know, true feeling of their
13 gender identity versus their physical body.

14 So I don't think this person has fully
15 resolved that issue within himself, but he feels very
16 poorly not receiving testosterone so I'm treating him.
17 So in a sense I am treating his gender -- I mean he
18 feels better. He's doing better.

19 So I believe I am treating his gender
20 dysphoria. That's not my primary purpose but it's a
21 secondary consequence.

22 Q. Are you working in conjunction with a mental
23 health therapist or mental health provider in
24 providing this care to this individual?

25 A. He just moved to Southern California and in

1 my understanding is he's found some mental health help
2 in his location.

3 Q. Did you require a mental health assessment
4 of this individual prior to providing testosterone
5 that would be in keeping with his desire to have a
6 more masculine body?

7 A. He had received some testosterone at some
8 point so I continued the treatment.

9 Q. So let me restate the question, though.
10 Did you ask for, did you ascertain whether
11 this person had received a mental health assessment
12 prior to providing testosterone in order to -- in
13 keeping with his desire to have a more masculine body?

14 A. I discussed with him his mental health
15 condition during the course of my visit.

16 Q. Are you a mental health provider?

17 A. No.

18 Q. And is the answer "No" to the question as to
19 whether did you request a mental health assessment by
20 a mental health provider?

21 A. He had already been seen by a mental health
22 provider.

23 Q. Did you discuss the care with the mental
24 health provider?

25 A. He moved to a different location since that

1 DSM-5 diagnosis.

2 MS. PAYTON: Are you finished, Dr. Laidlaw,
3 with your answer?

4 THE WITNESS: Yes.

5 MS. PAYTON: Okay. We can go off.

6 THE VIDEOGRAPHER: We're going off the
7 record at 11:27 a.m.

8 (Discussion off the record.)

9 THE VIDEOGRAPHER: One moment, please.
10 We're back on the record at 11:28 a.m.

11 Q. (By Mr. Gonzalez-Pagan) Dr. Laidlaw, you
12 mentioned that gender dysphoria is a diagnosis within
13 the DSM5, is that correct?

14 A. Yes.

15 Q. And it is the diagnosis pertaining to a
16 clinically significant distress -- the significant
17 clinical distress that a person experiences based on
18 the incongruence between their gender identity and you
19 said their body characteristics.

20 A. I mean there's a full definition in the
21 DSM-5 but that's a summary that I would agree with.

22 Q. Okay. So the diagnosis pertains to the
23 distress, not to whether -- every person has a gender
24 identity, would you agree with me on that?

25 A. Every person has a gender identity? I have

1 last two sentences. It states "WPATH claims to be a
2 scientific organization while explicitly acting as an
3 advocacy group. These are incompatible goals."

4 A. Yes.

5 Q. What is the basis for your opinion that a
6 scientific organization cannot engage in advocacy?

7 A. I think a scientific organization can -- for
8 example, the American Cancer Society, which we talked
9 about earlier, they can advocate for eliminating
10 cancer or better treatments for cancer. But they
11 would not -- one would expect them not to exclusively
12 follow one, say, politically based point of view.

13 There could be a variety of points of view
14 within the American Cancer Society, I'm just giving
15 you an example, or Endocrine Society. Whatever the
16 society is should be open to a variety of points of
17 view.

18 And what I've seen is that the WPATH is not.

19 Q. You're not a member of WPATH, is that right?

20 A. That's correct.

21 Q. Do you know, are you privy to the debates
22 that occur within WPATH?

23 A. I've seen some online debates. I've spoken
24 to a psychologist who was a member and quit basically
25 because of this problem.

1 Q. But you're not privy to the actual internal
2 conversations of WPATH, is that correct?

3 A. I've spent time looking at the WPATH
4 standards of care.

5 Q. That wasn't my question, though. Have you
6 participated in any WPATH conferences?

7 A. I do not participate in WPATH conferences.
8 I'm not a member.

9 Q. Have you participated in internal discussion
10 forums?

11 A. I do not participate with WPATH. I'm not a
12 member.

13 Q. So what is the basis for your opinion that
14 there are no diverse -- no differences of opinion
15 within WPATH?

16 A. I'm basing it on their standards of care.

17 Q. The Endocrine Society has a variety of
18 clinical practice guidelines, is that not correct?

19 A. They do.

20 Q. Some people disagree with many of those
21 variety of clinical practice guidelines, is that not
22 correct?

23 A. Are you saying that the members of the
24 Endocrine Society disagree with practice guidelines?

25 Q. Yes.

1 allowed for a variety of viewpoints in my opinion.

2 Q. (By Mr. Gonzalez-Pagan) And I'm asking
3 whether you know whether, know from a first hand basis
4 whether WPATH allows for a variety of opinions?

5 A. My impression is that they do not.

6 Q. What's the basis for your impression?

7 A. Their standards of care and my conversation
8 with the psychologist that I mentioned.

9 Q. So the standards of care itself is proof
10 there's no debate?

11 A. Right. Because it doesn't offer any
12 alternatives.

13 Q. Let's turn to page 31 -- sorry, paragraph 31
14 of your report.

15 A. Okay.

16 Q. There you state -- is there an echo? There
17 you state that the assertion by Dr. Etner that a
18 growing assemblage of research documents that gender
19 identity is immutable and biologically based lacks
20 scientific support and therefore impairs the
21 credibility of Dr. Etner's opinions?

22 A. Yes.

23 Q. Okay. Are you saying that gender identity
24 is not biologically based?

25 A. I'm saying there's no evidence of it at this

1 A. I'm not sure. I think some of the earlier
2 studies were in the United States but I'm not a
3 hundred percent sure.

4 Q. Are you aware that the desistance studies
5 only involve youth that were diagnosed or were sub
6 threshold for gender identity disorder rather than
7 gender dysphoria?

8 A. Well, the gender dysphoria diagnosis was
9 not, you know, hadn't been published at that point,
10 so.

11 Q. It didn't exist at that time, is that
12 correct?

13 A. Well, I mean it may have existed but it
14 didn't exist as a term in the DSM.

15 Q. Sure. What I'm trying to say, the gender
16 dysphoria diagnosis as contained within the DSM-5 did
17 not exist at the time that these studies were
18 conducted?

19 A. Yes.

20 Q. Okay. And the diagnostic criteria of gender
21 identity disorder contained in the DSM-3 and 4 is
22 different than the diagnostic criteria for gender
23 dysphoria in the DSM-5, is that correct?

24 A. At that time I believe they had a term
25 gender identity disorder.

1 Q. Yes. And I'm asking whether the diagnostic
2 criteria are different.

3 A. There were different diagnostic criteria, to
4 my knowledge.

5 Q. I'm going to show you what's been marked as
6 Plaintiffs' Exhibit 6.

7 (Marked Deposition Exhibit No. 6.)

8 Q. (By Mr. Gonzalez-Pagan) I apologize. This
9 is actually a pretty enormous PDF.
10 Can you see my screen?

11 A. Yes.

12 This is a publication titled "Understanding
13 the Well-Being of LGBTQI Populations," from 2020,
14 published by the National Academies of Sciences,
15 Engineering and Medicine.

16 Do you see that?

17 A. I see it.

18 Q. Are you familiar with this document?

19 A. Only briefly looking at it this morning but
20 I had not heard of it before.

21 Q. Okay. And in your report you relied on
22 reported reviews from the United kingdom, Sweden and
23 Finland relating to the scientific evidence of the
24 care of gender dysphoria, is that right?

25 A. Yes.

1 looked at primarily up to age twelve population.

2 So I'm asking if you know any desistance
3 rates or studies pertaining to desistance rates, you
4 know, above age twelve?

5 A. Well, I don't -- well, let's say from the
6 age of 13 to 18 I'm not aware of any study that looks
7 at desistance.

8 Q. Do you know of any study that looks at
9 desistance above age 18?

10 A. I don't know if there's any published study.
11 I know there was a professor in the UK who wanted to
12 publish something and he was obstructed from doing
13 that. I don't remember his name, Caspin, I think.

14 So I'm not aware that there's any out there.

15 Q. (By Mr. Gonzalez-Pagan) I'm going to refer
16 you again to Exhibit 6. This is the National
17 Academies study report. I'm on page 302 of the
18 document.

19 And it states that while interest in the
20 so-called desistance of transgender identity has been
21 informed by studies suggesting that as high as 80
22 percent of prepubertal youth presenting to pediatric
23 gender clinics ultimately do not identify as
24 transgender, many of the youth included in the studies
25 did not meet full DSM criteria for a gender

1 identification.

2 It sounds like they're speculating about
3 what might have happened.

4 Q. Do you know where the recruitment occurred
5 in Lisa Littman's article?

6 A. I know it was an online recruitment.

7 But having a question about medical care
8 doesn't, you know, invalidate their opinion. But it
9 could be a skewed sample, I would say that that is
10 correct.

11 Q. Okay. Turn to paragraph 65 of your report.

12 A. Yes.

13 Q. In that paragraph you refer to various
14 approaches for modalities of treatment for gender
15 dysphoria, is that right?

16 A. Yes.

17 Q. One of these is -- one is psychosocial
18 treatment that helps the young person align their
19 internal sense of gender with their physical sex, is
20 that right?

21 A. Yes.

22 Q. And the other one would be to watch and wait
23 and allow time and maturity to help the young person
24 align sex and gender through natural desistance.

25 A. Yes.

1 Q. And the third option is referred to as
2 gender affirming, affirmative therapy, or GAT, and is
3 the approach recommended by WPATH, is that right?

4 A. Yes.

5 Q. Okay. Is the first approach using
6 psychosocial treatment to help the young person align
7 their internal sense of gender with their physical
8 sex, is that which you would refer -- to which other
9 people would refer as reparative therapy?

10 A. I don't know.

11 Q. And you cite to Zucker. Is that Ken Zucker?

12 A. Ken Zucker, that's correct.

13 Q. Do you know what model Dr. Ken Zucker uses
14 as a form of treatment for gender dysphoria?

15 A. I don't know if he's actively treating
16 children for gender dysphoria currently.

17 Q. Do you know what model of treatment he used
18 previously?

19 A. I know that it included -- I would say the
20 first two, although I'm not an expert on Ken Zucker's
21 approach. But I know that he believed that desistance
22 was possible.

23 That, like the DSM states, that many of
24 these children would grow up to be, say, gay or
25 Lesbian, and that, therefore, medical treatments to

1 change their bodies would not be something that should
2 be approached in early childhood.

3 Q. Just to clarify children, you're referring
4 to those studies in the 80s and 90s prior to the
5 diagnosis of gender dysphoria being in existence, is
6 that right?

7 A. Can you repeat that?

8 Q. When you say these children are you
9 referring to those that were studied in the 80s and
10 90s up to the age of twelve prior to the existence of
11 the diagnosis of gender dysphoria?

12 A. These are children who came to their clinic
13 with what we would call now gender incongruence.

14 Q. But you don't know if they were children
15 that showed up or would have met the criteria for
16 gender dysphoria?

17 A. There would be no way to know that.

18 Q. I'm going to show you what's been marked as
19 Exhibit 8.

20 (Marked Deposition Exhibit No. 8.)

21 Q. (By Mr. Gonzalez-Pagan) Can you see the
22 screen?

23 A. Yes.

24 Q. This is an article "Gender nonconforming
25 youth: current perspectives."

1 It is authored by Diane Ehrensaft, published
2 in 2017 in the Journal Adolescent Health, Medicine and
3 Therapeutics, is that right?

4 A. Yes.

5 Q. Are you aware of who Dr. Ehrensaft is?

6 A. Yes.

7 Q. She's a psychologist, is that right?

8 A. I believe so.

9 Q. Are you familiar with the Journal of
10 Adolescent Health, Medicine and Therapeutics?

11 A. I have probably seen it. I don't read it on
12 a regular basis.

13 Q. Is that a peer-reviewed journal?

14 A. Presumably.

15 Q. I'm going to turn to page 61 of the exhibit.

16 This article is discussing here the "live in
17 your own skin" model.

18 Do you see that?

19 A. Yes.

20 Q. Okay. "As mentioned earlier, this model was
21 developed by Drs. Susan Bradley and Ken Zucker at the
22 Center for Alcoholism and Mental Health gender clinic
23 in Toronto. The treatment goal of facilitating a
24 young child accepting the gender identity matching the
25 sex assigned to that child at birth is based on the

1 supposition that younger children, in contrast to
2 older youth, have a malleable gender brain, is tied to
3 a medical-social rationale."

4 And then, later, it states, "If by the
5 arrival of puberty a child is still exhibiting
6 cross-gender identifications and expressing a
7 cross-gender identity, that child should be supported
8 in transitioning to the affirmed gender, including
9 receiving puberty blockers and hormones, once it is
10 assessed through clinical interviews and psychometric
11 testing that the affirmed gender identity is
12 authentic."

13 Did I read that correctly?

14 A. Yeah.

15 Q. This is a description of the "live in your
16 own skin" model developed by Dr. Zucker, is that
17 right?

18 A. You know, I don't know. 'Live in your own
19 skin,' is that something Dr. Zucker -- is it a quote
20 from Dr. Zucker? I don't know.

21 Or is that Dr. Ehrensaft's interpretation?
22 I haven't come across it.

23 Q. Well, she's describing the model used, the
24 modality of treatment used by Dr. Ken Zucker.

25 A. She's describing it with her own words, as

1 far as I can tell. Because I don't -- a malleable
2 gender brain? I don't know what that is. I don't
3 know what she's talking about.

4 Q. Do you have any reason to dispute that under
5 Dr. Zucker's own modality of treatment by the arrival
6 of puberty there is the provision of puberty blockers
7 and hormones if the person is exhibiting cross-gender
8 identity?

9 A. Can you repeat that, please.

10 Q. Sure. Do you have any reason to dispute
11 that under Dr. Zucker's modality of treatment puberty
12 blockers and hormones are provided once there is the
13 arrival of puberty and the child is still exhibiting
14 cross-gender identification?

15 A. So what you're saying is that under
16 Dr. Zucker's model if the person has not -- hasn't
17 aligned, say, their gender identity with their
18 physical body, that under Dr. Zucker's model the next
19 step would be puberty blockers and hormones?

20 Is that what you're asking me?

21 Q. That's what the article says and I'm asking
22 do you have any reason to dispute that?

23 A. If by the arrival of puberty -- it's the
24 same problem. This is the problem with the
25 psychological literature is that they confuse puberty

1 and adolescence. Dr. Ehrensaft has the same problem.

2 So, you know, I think Dr. Zucker uses age
3 twelve, so some of them had already arrived at
4 puberty. So I don't think that statement is correct.

5 Q. Okay. In your statement that Dr. Zucker
6 uses age twelve as the marker, if by age twelve a
7 child continued to exhibit cross-gender
8 identification, would Dr. Zucker -- under Dr. Zucker's
9 model would puberty blockers and hormones be provided?

10 A. I don't know that that would be the case
11 every time. I believe they had used that at their
12 clinic, or at least referred. The problem is
13 Dr. Zucker and Dr. Ehrensaft don't prescribe puberty
14 blockers. They can't.

15 Q. Both Dr. Zucker and Dr. Ehrensaft worked in
16 multidisciplinary clinics, is that right?

17 A. I guess so. I don't know for sure.

18 Q. The second method described is the watch and
19 wait method, is that right?

20 A. Yes.

21 Q. Is this also known as the watchful waiting
22 model?

23 A. Sometimes.

24 Q. And in speaking of the watchful waiting
25 model are you talking about the model developed at the

1 Amsterdam clinic?

2 A. No.

3 Q. To what model are you referring to?

4 A. Just the gender approach to watching and
5 waiting with observation and psychological support to
6 see what will happen with a person's gender identity.
7 It's just a general medical terminology.

8 Q. Okay. Are you aware that the watchful
9 waiting model has been described as the one designed
10 by members of the interdisciplinary team at the
11 Amsterdam Center for Expertise on Gender Dysphoria,
12 under the leadership of Dr. Peggy Cohen-Kettenis?

13 A. Dr. Kettenis, what are you saying? She did
14 what now?

15 Q. She is the lead in the center that developed
16 the watchful waiting model.

17 A. Okay. What's the question about it?

18 Q. Well, I'm just asking you about the watchful
19 waiting model. It's a very specific term but it's
20 used in reference to the model applied at this center
21 in Amsterdam.

22 A. Okay.

23 Q. And I'm just asking you if you disagree with
24 that statement?

25 A. I know that from the Dutch study they had

1 waited to age twelve to start puberty blockers, if
2 that's what you're referencing.

3 Q. Okay. So under this model, the Dutch
4 watchful waiting model, they would wait until age
5 twelve and if cross-gender identification persisted at
6 that period of time they would initiate medical care,
7 is that right?

8 A. No.

9 Q. No?

10 A. No, that's not right.

11 Q. Why?

12 A. Because it depends on other factors,
13 psychological condition of the child, home situation.
14 There are a lot of other factors involved before they
15 went on to prescribe puberty blockers.

16 Q. I'm going to read some more description of
17 the model by Dr. Ehrensaft. If a child's cross-gender
18 identification and affirmation are persistent over
19 time, interventions are made available for a child to
20 consolidate a transgender identity, once it is
21 assessed through therapeutic intervention and
22 psychometric assessment as in the best interests of
23 the child. These interventions include social
24 transition, the shift from one gender to another,
25 including possible name change, gender marker change,

1 gender pronoun changes, puberty, blockers and later
2 hormones and possible gender affirming surgeries.

3 Is that right, did I read that correctly?

4 A. You read it correctly.

5 Q. Okay. Is that consistent with your
6 understanding of the watchful waiting model?

7 A. I'm rereading this. I would say these
8 interventions "may" include these things.

9 So I think the sentence needs to be
10 clarified. It's not 100 percent.

11 Q. Let me ask you this. You say that the watch
12 and wait model allows time and maturity to help the
13 young person align sex and gender from natural
14 desistance.

15 At what point in time in the watch and wait
16 model that you described is medical intervention
17 appropriate?

18 A. Well, I mean, just to be clear, I'm not --
19 I'm not using the watch and wait as a term that's
20 synonymous with the Dutch approach. I'm using it as a
21 general medical term for any sort of condition where
22 you watch with observation and support, not simply
23 leaving a person in the lurch, so to speak. Yeah.

24 Q. I get -- I'm not trying to cut you off.

25 A. Okay.

1 Q. I get that. My question is under your
2 description of a watch and wait model at which point
3 in time is medical intervention appropriate?

4 A. I would say it could be considered once they
5 reach -- a person reaches the age of majority.

6 Q. So no person before the age of majority
7 under that model would be ever able to obtain medical
8 care for gender dysphoria?

9 MS. PAYTON: Object to the form.

10 A. These people could obtain medical care, but
11 if you're talking about puberty blockers, cross-sex
12 hormones, surgeries, there's not good evidence and
13 there are certainly risks of harm so that they should
14 not -- they would not be able to do that, to consent
15 to the types of harm, the sterilization, you know,
16 inability to breastfeed, until they reach the age of
17 majority.

18 Q. (By Mr. Gonzalez-Pagan) Okay. So just to
19 clarify, under the watch and wait model as you've
20 described it --

21 A. Yes.

22 Q. -- no person under the age of majority would
23 be prescribed puberty blockers, hormones or surgery as
24 treatment for gender dysphoria?

25 A. Correct.

1 Q. To what scientific literature do you cite in
2 support of this model?

3 A. Pretty much my whole declaration is in
4 support of this model.

5 Q. Yes. What I'm asking is any peer-reviewed
6 article, clinical guideline, anything in scientific
7 literature that recommends and describes this model.

8 A. This would be an opinion of myself based on
9 my clinical experience and research on the topic.

10 Q. And your clinical experience is limited
11 to -- in the treatment of gender dysphoria is limited
12 to one person for whom you prescribed estrogen and one
13 person which you've been seeing since May for
14 detransition, is that right?

15 A. Well, the issue -- I mean there's -- the
16 reason I opine on this topic is because as an adult
17 endocrinologist patients can, and one already has,
18 come to me who's been through these medical
19 interventions.

20 So I have to A, be aware of them, B, be
21 aware of any type of side effects or complications,
22 endocrine complications, anatomical complications that
23 result from that.

24 So I have to make that assessment. In other
25 words, if someone comes to me who is, say, age 20, on

1 this treatment I have to know was it assessed properly
2 and what are the risks to them for the future. And so
3 as I make this assessment, which is really what I'm
4 saying in my report, the evidence is poor and the risk
5 of harms are great, and so that's why it's best to
6 watch and wait.

7 Q. Okay. But you mentioned in your response
8 the presentation of somebody aged 20 to you.

9 A. Okay.

10 Q. Would you not provide or would you object to
11 the provision of medical treatment such as hormones or
12 surgery for their gender dysphoria?

13 A. I would have to look on a case-by-case
14 basis.

15 Q. And aside from that one person that required
16 estrogen, has anybody presented to you requesting the
17 provision of hormone treatment or puberty blockers for
18 their gender dysphoria?

19 A. I have not, like, done a history and
20 physical for such a patient but I'm prepared for such
21 a patient.

22 Q. So in your opinion it hasn't occurred?

23 A. Right.

24 Q. And the first mode of treatment that you
25 discussed was the psychosocial treatment that helps

1 the young person align their internal sense of gender
2 with their physical sex, right?

3 A. Yes.

4 Q. And I believe I asked this question and you
5 answered this question but please remind me.

6 A. Okay.

7 Q. I honestly don't recall the answer.

8 So is this what some would term reparative
9 or conversion therapy?

10 A. I don't know.

11 Q. Are you aware that the American Psychiatric
12 Association opposes conversion therapy efforts?

13 A. What -- I don't know, conversion therapy,
14 what -- could you explain that further? Or do you
15 have a quote that I can look at or something?

16 Q. I'm going to show you what's been marked as
17 Plaintiffs' Exhibit 9.

18 (Marked Deposition Exhibit No. 9.)

19 Q. (By Mr. Gonzalez-Pagan) Do you see the
20 screen?

21 A. Yes.

22 Q. It's a Position Statement on Conversion
23 Therapy on LGBTQ Patients adopted by the American
24 Psychiatric Association, is that right?

25 A. Yes.

1 Q. Okay. And it was approved by the Assembly
2 of the American Psychiatric Association November 2018
3 and the Board of Trustees on December 2018, is that
4 right?

5 A. Yes.

6 Q. The third point of the resolution states
7 that the American Psychiatric Association encourages
8 psychotherapies which affirm individuals' sexual
9 orientations and gender identities.

10 Is that right?

11 A. That's what it says.

12 Q. It also states, "Along a similar vein,
13 gender diverse patients have been shown to benefit
14 from gender-affirming therapies, and given the
15 documented harm of 'reparative' or conversion
16 therapies regarding sexual orientation, it would
17 likely be seen as unethical to research reparative
18 therapy outcomes with gender diverse populations."

19 Do you see that?

20 A. I see that.

21 Q. I'm going to show you what's been marked as
22 Plaintiffs' Exhibit 10.

23 (Marked Deposition Exhibit No. 10.)

24 Q. (By Mr. Gonzalez-Pagan) This is a
25 resolution by the American Psychological Association

1 on gender identity change efforts and it was adopted
2 in February 2021.

3 Do you see that?

4 A. Yes.

5 Q. And it describes gender-identity change
6 efforts as referring to a range of techniques used by
7 mental health professionals and nonprofessionals with
8 the goal of changing gender identity, gender
9 expression or associated components of these to be in
10 alignment with gender role behaviors that are
11 stereotypically associated with sex assigned at birth.

12 Is that right?

13 A. Yes. That's what it says.

14 Q. And then it states on the third page that
15 "Be it therefore resolved that consistent with the APA
16 definition of evidence-based practice, the APA affirms
17 that scientific evidence and clinical experience
18 indicate that gender identity change efforts put
19 individuals at a significant risk of harm."

20 Did I read that correctly?

21 A. Yes. You read it correctly.

22 Q. Then "Be it further resolved that the APA
23 opposes gender identity change efforts because such
24 efforts put individuals at significant risk of harm
25 and encourages individuals, families, health

1 professionals and organizations to avoid gender
2 identity change efforts."

3 Did I read that correctly?

4 A. Yes.

5 Q. So the American Psychiatric Association and
6 the American Psychological Association both oppose a
7 modality of treatment that seeks to encourage a young
8 person to align their gender identity with their sex
9 assigned at birth?

10 Is that right?

11 A. Can you repeat that?

12 MS. PAYTON: I'll object to the form.

13 Go ahead.

14 Q. (By Mr. Gonzalez-Pagan) Based on what we
15 have discussed. would you agree that the American
16 Psychiatric Association and the American Psychological
17 Association oppose a modality of treatment that
18 encourages young people to align their internal sense
19 of gender with their sex assigned at birth?

20 MS. PAYTON: Object to the form of the
21 question.

22 A. I mean my understanding of this is that
23 people are opposed to, as they should be, like
24 electroshock treatments or shaming people or, you
25 know, forcing girls, ripping trucks out of their hands

1 and putting Barbies in their hands. And I would agree
2 with all of those things. Those are bad.

3 But if the idea is that we're going to wait
4 a few years and see if on their own, not through any
5 effort but watching and waiting, a child or adolescent
6 gender identity on its own changes, I don't know that
7 they are opposed to that based on what I've read.

8 Q. (By Mr. Gonzalez-Pagan) Okay. But that
9 wasn't my question, Dr. Laidlaw.

10 To be clear, I'm asking not about the wait
11 and see model.

12 A. Okay.

13 Q. I'm asking you about the first model of
14 treatment that you described, which is the
15 psychosocial treatment that helps the young person
16 align their internal sense of gender with their
17 physical sex.

18 And you've described that as one of the
19 modalities of treatment. And I'm asking if, based on
20 what we have reviewed, the American Psychiatric
21 Association and the American Psychological Association
22 oppose the very modality of treatment that you discuss
23 as the first of three modalities of treatment in that
24 paragraph?

25 MS. PAYTON: Object to the form of the

1 question.

2 A. I think the thing is what you presented to
3 me is not in a peer-reviewed journal, if we want to go
4 down that road. It's not peer-reviewed that I can
5 tell.

6 It's some committee probably wrote it up and
7 purports to represent thousands and thousands of
8 people across the country that may have never looked
9 specifically at this situation.

10 So I don't put much credence into this.

11 Q. (By Mr. Gonzalez-Pagan) I understand that
12 you don't put much credence. That's not my question.

13 The question is does the APA, as in the
14 American Psychiatric Association, the American
15 Psychological Association, oppose the very first
16 modality of treatment that you described on paragraph
17 65?

18 A. Well, I don't think they're describing the
19 same thing.

20 Q. You're describing psychosocial treatments
21 that help the young person align their internal sense
22 of gender with their physical sex.

23 A. Right.

24 Q. Are you talking about active encouragement
25 or are you talking about letting them wait and see?

1 A. Well, it's their internal sense of gender
2 which for a young person is going to be ambiguous.

3 That's different than saying someone who is,
4 you know, 24 -- throwing out a number -- 24, natal
5 female has a gender identity of a male. I think it's
6 two different situations.

7 Q. What's your reason for stating that a young
8 person's internal sense of gender is not firm or set?

9 A. Because it can change over time, just like a
10 lot of things. They might think they're a butterfly
11 for a while. I was the \$6 million man for a little
12 while.

13 It's just the nature of kids.

14 Q. Is there any peer-reviewed literature that
15 you can cite to in support of that opinion?

16 A. It's just an observation that anyone would
17 see, I think, with children.

18 Q. You spoke to a model and I just want to make
19 sure I understand your opinion as to what you would
20 recommend.

21 And I just want to clarify, is that the
22 case?

23 A. My purpose there was to list three different
24 types of approaches to -- more so kids or young people
25 with gender dysphoria. I'm not advocating any

1 Q. In your report you discuss and somewhat
2 criticize the provision of puberty blockers as
3 treatment for gender dysphoria, is that correct?

4 A. I describe complications as a result of
5 puberty blockers for gender dysphoria.

6 Q. And by puberty blockers we're talking about
7 generation analogs, is that right?

8 A. For the most part, yes.

9 Q. Puberty blockers are routinely prescribed
10 for the treatment of precocious puberty, is that
11 correct?

12 A. Yes.

13 Q. Do you consider the use of puberty blockers
14 as treatment for precocious puberty to be
15 experimental?

16 A. No.

17 Q. Have you yourself prescribed puberty
18 blockers for the treatment of central precocious
19 puberty?

20 A. No.

21 Q. I'm going to show you what's been marked as
22 Exhibit 11.

23 (Marked Deposition Exhibit No. 11.)

24 Q. (By Mr. Gonzalez-Pagan) Can you see this on
25 the screen?

1 Q. Turn to paragraph 213. In the second
2 sentence and the third you state as follows, "C.P. had
3 not had enough time and maturity to grasp this
4 complication. Thirteen-year-old girls are generally
5 not thinking about their future family planning as
6 they are still children themselves under the care of
7 another."

8 I just wanted to clarify, are you referring
9 to C.P. as a girl?

10 MS. PAYTON: Object to the form.

11 A. The problem with this -- well, one of the
12 many problems with the medical care in this
13 circumstance is that there was no known mental health
14 evaluation at the onset to determine if the patient
15 had gender dysphoria.

16 So therefore, knowing that a large portion
17 of minors will desist, therefore, and knowing that
18 C.P. is a natal female, therefore, probability-wise
19 the person would have otherwise identified as a girl.

20 Q. (By Mr. Gonzalez-Pagan) C.P. identifies as
21 a boy, is that correct?

22 A. C.P. has undergone puberty blockers and
23 testosterone so this complicates the situation.

24 Q. Not my question. My question is, C.P.
25 identifies as a boy?

1 A. That's my understanding.

2 Q. Okay. Is there any reason why you wouldn't
3 refer to him as a boy?

4 A. Well, the comparison is really about
5 biological function, because C.P. was born with eggs.
6 And if C.P. is to become pregnant in the future this
7 will be because C.P. has eggs which can be fertilized
8 by sperm, which is what happens to, let's see, natal
9 females when they eventually become adults, which
10 would be girls.

11 MS. PAYTON: Omar, we can't hear you. Omar,
12 we couldn't hear you.

13 Q. (By Mr. Gonzalez-Pagan) I said let's go to
14 paragraph 222 of your report.

15 A. Okay.

16 Q. The last sentence states, "Again, from the
17 records it does not appear that C.P. had an adequate
18 assessment by a qualified psychiatrist or psychologist
19 prior to signing a consent form for a mastectomy
20 procedure."

21 Did I read that correctly?

22 A. Yes.

23 Q. To what guideline do you refer to in
24 requiring an assessment by a psychiatrist or a
25 psychologist?

C E R T I F I C A T E

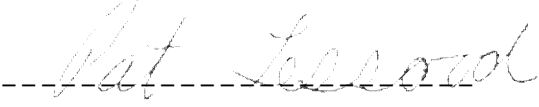
STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I, the undersigned Washington Certified Court Reporter, hereby certify that the foregoing deposition upon oral examination of MICHAEL LAIDLAW was taken stenographically by me on September 2, 2022, and transcribed under my direction;

That the witness was duly sworn by me pursuant to RCW 5.28.010 to testify truthfully; that the transcript of the deposition is a full, true, and correct transcript to the best of my ability; that I am neither attorney for nor relative or employee of any of the parties to the action or any attorney or counsel employed by the parties hereto, nor am I financially interested in its outcome.

I further certify that in accordance with CR 30(e) the witness was given the opportunity to examine, read and sign the deposition within 30 days upon its completion and submission, unless waiver of signature was indicated in the record.

IN WITNESS WHEREOF, I have hereunto set my hand
12th day of September, 2022.



Pat Lessard,
pat@court-reporter.com

